



# State of New Hampshire

## 2011 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/29/2012

Business ID: 586352

William M. Gardner

Secretary of State

FEED THE POST CONSULTING, LLC

16R REGENT STREET  
NEWTON, MA 02465

### ADDRESS OF PRINCIPAL OFFICE:

12 BRAEMAR WOODS ROAD  
WINDHAM, NH 03087

### REGISTERED AGENT AND OFFICE:

STARRATT, JEFFREY J  
12 BRAEMAR WOODS ROAD  
WINDHAM, NH 03087

ENTITY TYPE: LLC

BUSINESS ID: 586352

STATE OF DOMICILE: NEW HAMPSHIRE

BASKETBALL COACHING AND CONSULTING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address **21 Playstead Road, Medford, MA 02155**

☐ The new principal office address

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Daniel Rasanen**  
STREET **47 Summer Street**  
CITY/STATE/ZIP **Methuen Ma 01844**

MANA. **Jeffrey Starratt**  
STREET **16r Regent Street**  
CITY/STATE/ZIP **Newton Ma 02465**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Daniel Rasanen**  
STREET **47 Summer Street**  
CITY/STATE/ZIP **Methuen Ma 01844**

MEMB. **Jeffrey Starratt**  
STREET **16r Regent Street**  
CITY/STATE/ZIP **Newton Ma 02465**

MEMB. **Porter Starratt**

STREET **12 Braemar Woods Road**

CITY/STATE/ZIP **Windham Nh 03087**

MEMB. **Mary Starratt**

STREET **12 Braemar Woods Road**

CITY/STATE/ZIP **Windham Nh 03087**

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Jeffrey Starratt**

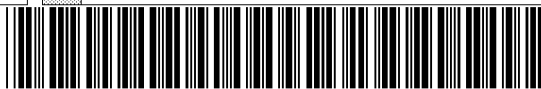
Please print name and title of signer: **Jeffrey Starratt** / **MANAGER**

NAME

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



058635220111509

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529